12-15-05

PTO/SB/21 (04-04) Approved for use through 07/31/2006. OMB 0651-0031

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FORM

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Total Number of Pages in This Submission

	Application Number	10/668,117	
	Filing Date	September 22, 2003	
	First Named Inventor	Toshitaka Mori et al.	
	Art Unit	2879	
	Examiner Name	Glenn Zimmerman	
_	Attorney Docket Number	1300-000003	

ENCLOSURES (check all that apply)								
Fee Transmittal F	orm	☐ Drawing(s)			er Allowance Communication to chnology Center (TC)			
		Licensing-re	elated Papers		eal Communication to Board of eals and Interferences			
Amendment / Rep	ply	Petition			eal Communication to TC peal Notice, Brief, Reply Brief)			
After Final			Convert to a Application	☐ Pro	prietary Information			
Affidavits/dec	laration(s)		ttorney, Revocation Correspondence Address	☐ Stat	tus Letter			
Extension of Time	Request	Terminal Di	isclaimer		ner Enclosure(s) ase identify below):			
Express Abandon	ment Request	Request for	r Refund er of CD(s)	ı	Return Receipt Postcard			
☐ Information Disclo	sure Statement		· · —					
Certified Copy of Document(s)	Priority	Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.						
Response to Miss Incomplete Applic								
Response to I Parts under 3 1.52 or 1.53								
	SIGNA	TURE OF APP	LICANT, ATTORNEY, O	R AGEN	Т			
Firm or Harness, Dickey & Individual name \(\)		Attorney Name Michael E. Hilton			Reg. No. 33,509			
Signature	Whelet	05/10						
Date	12/14/2005	7						
CERTIFICATE OF TRANSMISSION/MAILING								

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Attorney Docket No.

FEE TRANSMITTAL for FY 2005

TOTAL AMOUNT OF PAYMENT

Effective 10/01/2004. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27

1020

Complete if Known						
Application Number	10/668,117					
Filing Date	September 22, 2003					
First Named Inventor	Toshitaka Mori et al.					
Examiner Name	Glenn Zimmerman					
Art Unit	2879					

1300-000003

METHOD OF PAYMENT (check all that apply)						Ī			FEE C	ALCULATION (continued)	
Mohada El Cardinard El Marco El Obra El Marco						3. ADDITIONAL FEES					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order					Large	Entity	Sma	all Entity	!		
☐ Deposit Account:					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
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Account Number		08-0750				1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Danasia						1053	130	1053	130	Non-English specification	
Deposit Account				1812	2,520	1812	2,520	For filing a request for reexamination			
Account Harness, Dickey & Pierce, P.L.C. Name					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
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☐ Charge any 1.16 and 1.17	addit	ional fee(s)	or any underp	ayment of fee:	s under 37 CFR	1251	120	2251	60	Extension for reply within first month	
Charge fee(the filing fee		1252	450	2252	225	Extension for reply within second month	
		FE	E CALCULAT	ION		1253	1020	2253	510	Extension for reply within third month	1020
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Large Entity	s	mali Entit	L			1255	2,160	2255	1080	Extension for reply within fifth month	
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1011 300 1012 200)11 150)12 100	,	•		1403	1000	2403	500	Request for oral hearing	
1012 200		012 100	•	-	-	1452	500	2452	250	Petition to revive – unavoidable	
1013 200		014 150		•		1453	1500	2453	750	Petition to revive - unintentional	
1005 200		005 100		al filling fee		1501	1400	2501	700	Utility issue fee (or reissue)	
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SUBTOTAL (1) (\$) 0						1460	130	1460	130	Petitions to the Commissioner	
						1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)
2. EXTRA	JLAI	M FEES	Extra	Y AND RE		1806	180	1806	180	Submission of Information Disclosure Stmt	
Total Claims		20 **	Claims = 0	X below	Paid 0	8021	40	8021	40	Recording each patent assignment per property (times number of	
Independent Claims		-3 **	= 0	x	= 0	1809	790	2809	395	properties) Filing a submission after final rejection	n
Multiple Dependent					= 0	1810	790	2810	395	(37 CFR § 1.129(a)) For each additional invention to be	- 11
Large Entity		Small E		 .		1801	790	2801	395	examined (37 CFR § 1.129(b)) Request for Continued Examination	
Fee Fe Code (\$		Fee Code	Fee [(\$)	Description						(RCE)	
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**or number	**or number previously paid, if greater; For Reissues, see above									SUBTOTAL (4) (\$)0	
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